

**COUNTERCLAIM; CERTIFICATE OF SERVICE; DECLARATION**

Form #5DC14

<b>IN THE DISTRICT COURT OF THE FIFTH CIRCUIT STATE OF HAWAI‘I</b>	
Plaintiff(s)	Reserved for Court Use      Court Date:
	Civil No.
Defendant(s)	Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

**COUNTERCLAIM**

1. On or about \_\_\_\_\_, Plaintiff(s) owed money to Defendant(s) as follows:
2. Defendant(s) asks for judgment against Plaintiff(s) in the sum of \$ \_\_\_\_\_. In addition, the Court may award court costs, interest and reasonable attorney's fees.

**CERTIFICATE OF SERVICE**

1. I certify that a copy of this Counterclaim was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on \_\_\_\_\_ by ☐ Hand-delivery **or** ☐ Mail, Postage Prepaid, at the following address(es).

Date:	Signature of Defendant(s)/Defendant(s)' Attorney:  Print/Type Name:
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**DECLARATION**

I have read this Counterclaim, know the contents and verify that the statements are true to my personal knowledge and belief.  
**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI‘I THAT THE ABOVE IS TRUE AND CORRECT.**

Date:	Signature of Declarant:  Print/Type Name:
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In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.

I certify that this is a full, true and correct copy of the original on file in this office.

\_\_\_\_\_  
Clerk, District Court of the Above Circuit, State of Hawai‘i